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DEPARTMENT OF MENTAL HEALTH

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Reply To: (213) 738-4601 (213) 386-1297

September 22, 2009

TO:

Each Supervisor

FROM:

Marvin J. Southard, D.S.

Director of Mental Health

SUBJECT:

SEPTEMBER 2009 QUARTERLY REPORT

MENTAL HEALTH SERVICES ACT IMPLEMENTATION

This report is the first quarterly Mental Health Services Act (MHSA) Implementation Status Report for Fiscal Year 2009-10. The information included in this report provides an update on the Department's implementation of MHSA programs and services for the months of June through August 2009.

Since the last report on June 12, 2009, the following additional MHSA activities have been or are being accomplished:

MHSA Plan/Activity	Status/Accomplishments/Future Milestones	
MHSA Implementation	Key areas of focus have been on program monitoring and quality assurance:	
	 Development of outcome templates and reports for Full Service Partnership (FSP) and Field Clinical Capable Services (FCCS). The Department of Mental Health (DMH) is finalizing the initial data validation process for FSP outcomes and anticipates issuing a FSP outcomes report by October 1st. FCCS outcomes data collection commenced on March 1, 2009 and began entering data into the Outcome Measures Application on July 1, 2009. DMH Technical Assistance and Support Teams are meeting with FSP programs to review their services, billing, outcomes and other data in an effort to ensure service quality. 	
Information and Technology (IT) Plan	The California Department of Mental Health (CDMH) review of the IT Plan has been completed. On June 19, 2009, DMH received a Letter of Intent (LOI) to fund all six projects included in the IT Plan at the amount DMH requested for FY 2009-10, and a separate LOI to fund the Contract Provider Technology Project for FY 2008-09 was received on the same date. Total approved project funding to date for the FY 2008-09 through FY 2009-10 grant period is \$41,202,775. Funding to support approved projects has not yet been released by the State but is anticipated shortly.	
	Funding requests for future fiscal years will be submitted to CDMH through the MHSA Annual Plan process.	

MHSA Plan/Activity	Status/Accomplishments/Future Milestones		
Capital Facilities (CF) Plan	Plan is still being reviewed internally.		
Incubation Academy	The Academy is now in its third quarter of operation. The Basic Session took place July 27-30, 2009 with a total of 19 individuals representing 16 agencies participating in this session. The Advanced session is scheduled for September 14-16, 2009. The Academy will continue providing Basic and Advanced sessions on a quarterly basis.		
	Next Steps:		
	 Administrative, financial, and technical support, as well as providing in-depth training on specific topics. 		
	 Legal entities currently contracted with DMH to provide mentorship and/or sponsorship to community based organizations. 		
	 Qualifying agencies to provide non-traditional mental health services, particularly for the areas of prevention and outreach. 		
Regional Partnership	Addendum #9 to add Regional Partnerships to the MHSA Master Agreement was reviewed and approved by the Chief Executive Office (CEO) and County Counsel, and was posted to the DMH web site August 23, 2009. Preparation of Request For Services (RFS) is underway.		
Workforce Education and Training (WET) Plan	In July and August, focus groups were convened to generate ideas about the needs of the public mental health workforce and to further define the following action plans: Mental Health Career Advisors, Family Advocates, Parent Advocates, and Financial Incentive Funding Categories.		
	RFSs are being developed for the following WET Action Plans: Licensure Preparation Examination Recovery Oriented Supervision Mental Health Career Advisors Interpreters' Training		
	Seventy-eight mental health professionals from Los Angeles County working in both contract agencies and directly operated DMH programs received loan assumption awards ranging from \$1,610.00 to \$8,969.00. Program specifically funded through State WET funds offers educational loan repayment to professionals in exchange for work commitment in underserved and unserved communities.		
Prevention and Early Intervention (PEI) Plan	 June 2009 Numerous key events took place during this month involving stakeholders, e.g., community groups, Service Area Ad Hoc PEI Steering Committees, Countywide PEI stakeholder groups, etc. to develop several recommendations that should be incorporated into the County's PEI Plan. For example, types of programs and practices, funding percentages, and special population groups, i.e., the addition of the blind/visually impaired. After the 30-day public comment period ended, the PEI Plan Public Hearing was convened by the Mental Health Commission on June 25, 2009. More than 230 persons attended this public hearing. Attendees had the opportunity to verbally present comments or ask questions, as well as submit them in writing on a comment form. 		

MHSA Plan/Activity	Status/Accomplishments/Future Milestones	
Prevention and Early Intervention (PEI) Plan (Cont'd)	 August 2009 The Plan was approved by the Mental Health Services Act Oversight and Accountability Commission (MHSAOAC) on August 27, 2009. DMH is preparing a Board letter to request the Board of Supervisors to approve its spending plan and to request positions. DMH staff is developing the Requests for Services (RFS) that will be put out for competitive bids for programs that focus on reducing stigma and discrimination, violence prevention in schools including the development of law enforcement and mental health teams in schools and suicide prevention services including the expansion of a 24/7 crisis hotline. 	

In order to more accurately report on the current service capacity of FSP programs, this report reflects a move to reporting on the number of enrolled clients in FSP programs as well as current service utilization of Field Capable Clinical Services and Wellness/Client-Run Centers for each age group.

Full Service Partnerships (FSP)

Enrollment data for FSPs for all age groups is as follows:

- Children: The total number of slots increased to 1,729 with 1,604 clients currently enrolled.
- TAY: The total number of slots increased to 1,172 with 1,060 clients currently enrolled.
- Adult: The total number of slots decreased to 3,993 with 3,739 clients currently enrolled. The decrease was due to a one-time provider transformation in FY 2008-09 that temporarily increased FSP capacity and now has reduced it to its previous level.
- Older Adult: The total number of slots is 295 with 267 clients currently enrolled.

The following grid outlines First Quarter FSP enrollment information for each age group.

Program	August 2009	
	# Enrolled	% Enrolled vs. capacity
Child	1,604	93%
TAY	1,060	90%
Adult	3,739	94%
Older Adult	267	93%
Total	6,670	93%

Each Supervisor September 22, 2009 Page 4

Field Capable Clinical Services (FCCS)

The following grid outlines First Quarter data for FCCS programs for each age group.

Program	July 2009*
	# Served
FCCS - Child	103
FCCS - TAY	91
FCCS - Adult	1,506
FCCS - Older Adult	2,428

^{*} July data used due to lag time of August data entry and claiming.

Wellness/Client Run Centers

Program	July 2009*
	# Served
Wellness/Client Run	
Centers	8,497

^{*} July data used due to lag time of August data entry and claiming.

The next MHSA implementation status report will be submitted to your Board in December 2009 and will provide Second Quarter data and updates to include the months of September through November 2009.

If you have any questions regarding this report, please contact me at (213) 738-4601, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, at (213) 738-4108.

MJS:RK:DM:dig

 William T Fujioka, Chief Executive Officer Sheila Shima, Deputy CEO Sachi A. Hamai, Executive Officer, BOS